

CLAIMS ONLY						Application Number	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* * *	* * *			
	1	Indep	Depend	Indep	Depend	Indep			Depend	Indep	Depend
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	15										
	16										
	17										
	18										
	19										
	20										
	21										
	22										
	23										
	24										
	25										
	26										
	27										
	28										
	29										
	30										
	31										
	32										
	33										
	34										
	35										
	36										
	37										
	38										
	39										
	40										
	41										
	42										
	43										
	44										
	45										
	46										
	47										
	48										
	49										
50											
Total Indep	2										
Total Depend	17										
Total Claims	19										